

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #:	M4-09-A082-01
	DWC Claim #:	
	Injured Employee:	
	Date of Injury:	
Respondent Name and Box #: ARGONAUT SOUTHWEST INSURANCE CO. REP. BOX #:	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary was not submitted with the Request for Medical Fee Dispute Resolution.

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$1,301.99
3. Receipts

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "...First, the Claimant has not submitted any of these "receipts" to Respondent for payment. There is one hand written note that says "sent to Argonaut on 9/21/05," but Respondent has not receipt of this. Additionally, most of the dates in dispute come after that date. Second, all of the office visits and some of the prescriptions were paid for after the Claimant received his third-party settlement. Per the Texas Labor Code §417.002, the net amount recovered by a Claimant in a third-party action shall be used to reimburse the insurance carrier for any benefits, including medical benefits, that have been paid for the compensable injury and any amount that exceeds the amount of reimbursement shall be treated as an advance against future benefits, including medical benefits. Therefore, any medical that the Claimant paid would fall under his recovery. Further, Dr. Arthur knew that the Claimant's injury was work-related. Respondent had paid bills to Dr. Arthur prior to the Claimant's receipt of the third-party settlement. Therefore, Dr. Arthur should have known to bill Respondent directly if the bills were to be paid..."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
07/22/05 – 04/16/08	Out-of-Pocket expenses for medications and office visits		\$0.00
Total:			\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Sections 134.202, titled *Medical Fee Guideline* effective for professional medical services on or after August 1, 2003, and 134.504, titled *Pharmaceutical Expenses Incurred by the Injured Employee* effective March 14, 2004, set out the reimbursement guidelines

1. In accordance with 28 TAC Section 133.307(c)(1)(A) the request for Medical Fee Dispute Resolution was not timely filed. The disputed dates of service were not filed within the one-year from the dates of service in dispute. Therefore, reimbursement cannot be recommended and no further action will be taken.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1. 134.202, 134.504, 133.307
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

DECISION:

Authorized Signature

Auditor
Medical Fee Dispute Resolution

August 21, 2009

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.